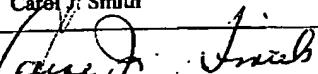


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JUN 15 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number: D2308
In re Application of Application Number For Group Art Unit	Xin Qiu 09/587,932 CONFIGURABLE ENCRYPTION/DECRYPTION FOR MULTIPLE SERVICES SUPPORT 2135	Filed 06/06/2000 Examiner Linh L D Son	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):			
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00	
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 430.00	
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 980.00	
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1530.00	
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2080.00	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117		
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.		
I am the:			
<input type="checkbox"/>	Applicant/inventor		
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.		
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.:	44,489)
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____		
<u>6/15/05</u> Date		<u>E. T. Cullen</u> Signature Lawrence T. Cullen Type or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of 2 form(s) are submitted		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>Fax'd on June 15, 2005</u>			
Typed or printed name		Carol J. Smith	
Signature			

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